



Updating Your Application in CHAMPS

“Working to protect, preserve, and promote the health and safety of the people of Michigan by listening, communicating, and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establish customer trust and value by providing a quality experience the first time, every time.”

-Provider Relations

Updating Your Application in CHAMPS

- Sign into SSO and CHAMPS
- Change Your Address
- Add Your Name to/Remove Your Name From the *Provider Registry*

NOTE: Any changes to your application can only be made ***after the application has been approved.

Sign into the State of Michigan Single Sign On by going to **<http://sso.state.mi.us>** and entering your User ID and Password. This will take you to the Single Sign On Application Portal.

Google - Windows Internet Explorer

https://sso.state.mi.us/

State of Michigan Single Sign On

INTERN

Please Login or Sign-Up to use Single Sign-On

Login

User ID:

Password:

Login

Forgot Password?

If you have forgotten your password, click Need Password. Single Sign-On system will email you a new temporary password.

Need Password

Michigan.gov Home | Hel

Click on the **CHAMPS** hyperlink.

Read the MDCH Systems Use Notification on the next page and click **Acknowledge/Agree**.

***NOTE: You will have to do this every time you access CHAMPS

State of Michigan Single Sign On

Application Portal

WELCOME Jane Doe,

Your password will expire in 121 days.

You are currently subscribed to the following applications:

- [CHAMPS](#)

[Subscribe to Applications](#)[Add new Roles to Existing Subscription](#)[Account Maintenance](#)[Sign Off](#)

State of Michigan Single Sign On

User ID: doe1111

[Sign Off](#)

MDCH Systems Use Notification

The Michigan Department of Community Health's (MDCH) computer information systems (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business.

Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDCH. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDCH systems for commercial or partisan political purposes.

Following industry standards, systems users must securely maintain any information downloaded, printed, or removed in any format from the systems. When no longer needed, this information must be destroyed in an appropriate manner specific to the format type.


All users of the systems give their expressed consent to the monitoring of their activities on the systems. If such monitoring reveals possible evidence of unauthorized or criminal activity, the evidence may be provided to administrative or law enforcement officials for disciplinary action and/or prosecution.

By accessing information provided by the Michigan Department of Community Health computer information systems and clicking on the button below, I acknowledge and agree to abide by all governing privacy and security terms, conditions, policies and restrictions for each authorized application.

In the **Domain** box, click on the black arrow in the right corner and click on **your name**

In the **Select Profile** box, click on **Home Help Access**

Click **Go**. This will take you to the CHAMPS home page



Select Domain *


Select Domain

Jane Doe

Select Favorite

Go

A red arrow points to the dropdown arrow of the 'Select Domain' field.



Jane Doe *

Select Profile *

Select Profile

Home Help Access

Go

A red arrow points to the 'Home Help Access' option in the 'Select Profile' dropdown menu.



Jane Doe *

Home Help Access *

Select Favorite

Go

Go

A red arrow points from the 'Go' button on the right to the 'Go' button on the left.

In the **Provider** tab, click **Manage Provider Information**.

The screenshot displays the CHAMPS Provider Portal interface. At the top, the CHAMPS logo is on the left, and navigation tabs for 'My Inbox' and 'Provider' are in the center. The 'Provider' tab is selected, and its dropdown menu is open, showing several options: 'PROVIDER ENROLLMENT' (with sub-items 'New Enrollment' and 'Track Application'), 'EXTERNAL LINKS' (with 'Medicaid Code and Rate Reference'), 'MANAGE PROVIDER' (with 'Manage Provider Information' highlighted in blue), and 'ELECTRONIC SERVICE VERIFICATION (ESV)' (with 'ESV List' and 'ESV Member List').

On the left side of the portal, the 'Provider ID: 4002964' is displayed. Below it, a 'Latest updates' section features a 'System Notification' titled 'Attention All Providers' regarding a system outage on Saturday, October 11, 2014. The notification states that CHAMPS will be down from 2:00 PM to 5:00 PM on Saturday, October 11, 2014, and that this outage will affect CHAMPS system access for all providers.

On the right side, a section titled 'Name: Hemmingway, Ernest' is visible. Below the notification, a 'My Reminders' section is shown, which includes a 'Filter By' dropdown, a 'Go' button, and a table of reminders. The table has two columns: 'Alert Type' and 'Alert Message'. The first row shows a 'BROADCAST_MESSAGE' alert with the message: 'Attention All Providers: Due to CHAMPS major release and system maintenance, the CHAMPS system will be down between 2:00 PM on Saturday, Dec 13, 2014, and 5:00 PM on Sunday, December 14th 2014. This outage will affect CHAMPS system acc...'. At the bottom, there is a 'View Page: 1' dropdown, a 'Go' button, a 'Page Count' button, a 'SaveToXLS' button, and a 'Viewing Page: 1' indicator.

Changing Your Address

To change an address, click on the **Step 2: Locations** hyperlink (in blue).
On the next screen, click **Primary Practice Location** hyperlink (in blue).

CHAMPS < My Inbox ▾ Provider ▾

Provider Portal > HIPAA Exempt Individual Modification

Provider ID: 4002964 Name: Hemmingway, Ernest

Close Undo Update

View/Update Provider Data - HIPAA-Exempt Individual

Step	Required	Last Modification Date	Last Review Date	Status	Business Process
<input type="checkbox"/> Step 1: Provider Basic Information	Required	12/08/2014	12/08/2014	Complete	
<input type="checkbox"/> Step 2: Locations	Required	12/08/2014	12/08/2014	Complete	
<input type="checkbox"/> Step 3: Specialties	Required	12/08/2014	12/08/2014	Complete	
<input type="checkbox"/> Step 4: Mode of Claim Submission	Required	12/08/2014	12/08/2014	Complete	
<input type="checkbox"/> Step 5: Associate Billing Agent					
<input type="checkbox"/> Step 6: Provider Controlling Interest					
<input type="checkbox"/> Step 7: Complete Modification Check					
<input type="checkbox"/> Step 8: Submit Modification Request					

View Page: 1 Go

Provider ID: 4002964 Name: Hemmingway, Ernest

Close Add To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink..

Locations List

Filter By ▾ And Filter By ▾

Doing Business As	Location Type	Location Details
<input type="checkbox"/> ▲ ▼	▲ ▼	▲ ▼
<input type="checkbox"/>	Primary Practice Location	320 S WALNUT ST, LANSING, MICHIGAN 48933

View Page: 1 Go Page Count SaveToXLS View

Click on the **Location**, or **Correspondence** hyperlinks (in blue) to change the appropriate address.

***NOTE: Primary Pay To address cannot be changed at this time.

Provider ID: 4002964 **Name:** Hemmingway, Ernest

To add additional addresses, click "Add Address" button.

Location Details

Doing Business As:

Phone Number: * Extn:

Web Page:

Handicap Accessible:

Accept 835
(reported at EIN/TIN level):

Start Date:

Address List

Filter By And Filter By

<input type="checkbox"/>	Address Type ▲ ▼	Address ▲ ▼	Start Date ▲ ▼	End ▲ ▼
<input type="checkbox"/>	Location	320 S WALNUT ST, LANSING, MICHIGAN 48933	12/08/2014	12/31
<input type="checkbox"/>	Correspondence	320 S WALNUT ST, LANSING, MICHIGAN 48933	12/08/2014	12/31
<input type="checkbox"/>	Primary Pay To	320 S WALNUT ST, LANSING, MICHIGAN 48933	12/08/2014	12/31

View Page:

Viewing Page: 1

Below is a display of the **Location Address** change page.
Complete the **Address Line 1** and **Zip Code** boxes.
Click **Validate Address**.
Click **Save**.
Click **Close**.

***NOTE: When changing the **Correspondence** option, be sure to enter the address where you *regularly receive mail*, as all correspondences from the Home Help program will be sent to the address entered there.

Provider ID: 4002964

Name: Hemmingway, Ernest

Close

Save

Manage Provider Location Address

Type of Address: Correspondence

Status: In Review

End Date: 12/31/2999

If a department or drawer number is required enter the information in line TWO.
(For example: DEPT 222 or DEPARTMENT 222, DRAWR 1111 or DRAWER 1111)
If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

Address Line 1: 320 S WALNUT ST *

(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town: LANSING *

State/Province: MICHIGAN *

County: INGHAM *

Country: UNITED STATES *

Zip Code: 48933 - 2014

Validate Address

Click **Save** and **Close** on the *Location Details* page.
Click **Close** on the *Locations List* page.

Provider ID: 4002964 Name: Hemmingway, Ernest

To add additional addresses, click "Add Address" button.

Location Details

Doing Business As:

Phone Number: (517) 555-5555 * Extn:

Web Page:

Handicap Accessible: No

Accept 835 (reported at EIN/TIN level): No

Start Date: 12/08/2014

Address List

Filter By

Address Type	Address
<input type="checkbox"/> Location	320 S WALNUT ST
<input type="checkbox"/> Correspondence	320 S WALNUT ST
<input type="checkbox"/> Primary Pay To	320 S WALNUT ST

View Page: 1

Provider ID: 4002964 Name: He

To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink..

Locations List

Filter By And Filter By

Doing Business As	Location Type	Location Details
<input type="checkbox"/>	<input type="button" value="v"/>	<input type="button" value="v"/>
	Primary Practice Location	320 S WALNUT ST, LANSING, MICHIGAN 48933

View Page: 1

In order to submit the changes on your application, you have to first complete the *Modification Checklist*.

Click on **Step 7: Complete Modification Checklist**.

Proceed through the next few slides to complete this process.


The screenshot displays the CHAMPS Provider Portal interface. At the top, there's a navigation bar with the CHAMPS logo, a back arrow, and tabs for 'My Inbox' and 'Provider'. Below this is a breadcrumb trail: 'Provider Portal > HIPAA Exempt Individual Modification'. The main content area shows 'Provider ID: 4002964' and 'Name: Hemmingway'. There are 'Close' and 'Undo Update' buttons. A section titled 'View/Update Provider Data - HIPAA-Exempt Individual' contains a table with the following steps:

Step	Required	Last Modification Date
<input type="checkbox"/> Step 1: Provider Basic Information	Required	12/08/2014
<input type="checkbox"/> Step 2: Locations	Required	12/08/2014
<input type="checkbox"/> Step 3: Specialties	Required	12/08/2014
<input type="checkbox"/> Step 4: Mode of Claim Submission	Required	12/08/2014
<input type="checkbox"/> Step 5: Associate Billing Agent	Optional	12/08/2014
<input type="checkbox"/> Step 6: Provider Controlling Interest/Ownership Details	Required	12/08/2014
<input type="checkbox"/> Step 7: Complete Modification Checklist	Required	12/08/2014
<input type="checkbox"/> Step 8: Submit Modification Request for Review	Required	12/08/2014

At the bottom, there are controls for 'View Page: 1', a 'Go' button, 'Page Count', and a 'SaveToXLS' button. A red arrow points to the checkbox for Step 7.

Add Your Name to/Remove Your Name From the *Provider Registry*

If, at any time, you are interested in working for other clients:
Click the **Step 7: Complete Modification Checklist** hyperlink.



My Inbox

Provider

Note Pad

Provider Portal > HIPAA Exempt Individual Modification

Provider ID: 4002964Name: Hemmingway, Ernest

CloseUndo Update

View/Update Provider Data - HIPAA-Exempt Individual

				Business Process	
<input type="checkbox"/>	Step	Required	Last Modification Date	Last Review Date	Status
<input type="checkbox"/>	Step 1: Provider Basic Information	Required	12/08/2014	12/08/2014	Complete
<input type="checkbox"/>	Step 2: Locations	Required	12/08/2014	12/08/2014	Complete
<input type="checkbox"/>	Step 3: Specialties	Required	12/08/2014	12/08/2014	Complete
<input type="checkbox"/>	Step 4: Mode of Claim Submission	Required	12/08/2014	12/08/2014	Complete
<input type="checkbox"/>	Step 5: Associate Billing Agent	Optional	12/08/2014	12/08/2014	Complete
<input type="checkbox"/>	Step 6: Provider Controlling Interest/Ownership Details	Required	12/08/2014	12/08/2014	Complete
<input type="checkbox"/>	Step 7: Complete Modification Checklist	Required	12/08/2014	12/08/2014	Incomplete
<input type="checkbox"/>	Step 8: Submit Modification Request for Review	Required	12/08/2014	12/08/2014	Complete




View Page: 1GoPage CountSaveToXLS



Viewing Page: 1




Answer **Yes** to the first two questions if you would like to work for other Home Help Clients. Your name will be added to the *Provider Registry*. Answer the rest of the questions.
Click **Save**.
Click **Close**.

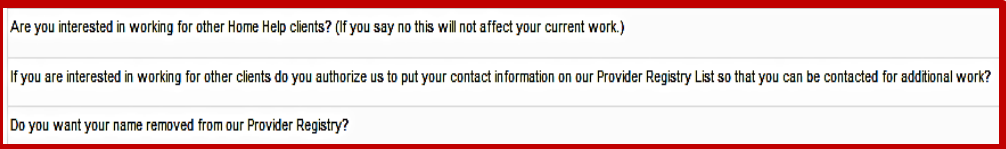
***NOTE: If you want your name *removed* from the *Provider Registry*, answer **Yes** to the third question.

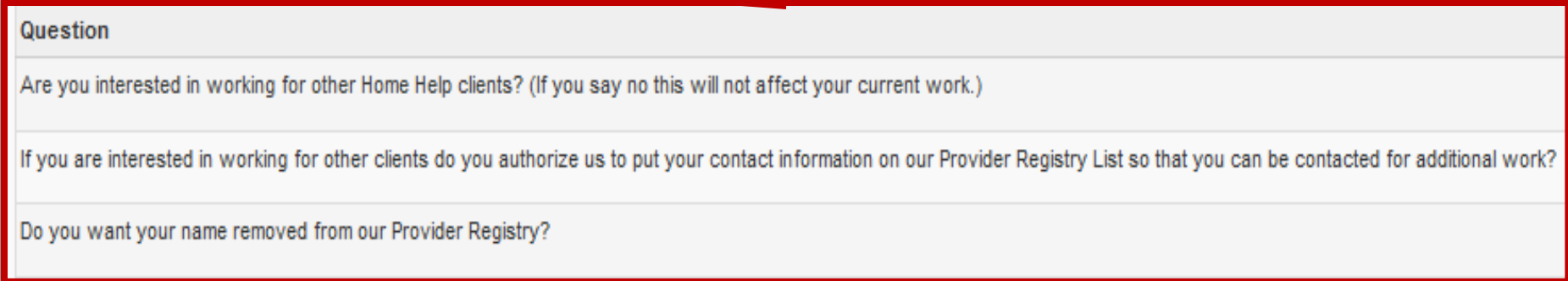
Provider ID: 4002964 Name: Hemmingway, Ernest

 Close  Save 

 **Manage Provider Checklist** 

Question	Answer	Comments
Are you interested in working for other Home Help clients? (If you say no this will not affect your current work.)	Yes 	<input type="text"/>
If you are interested in working for other clients do you authorize us to put your contact information on our Provider Registry List so that you can be contacted for additional work?	Yes 	<input type="text"/>
Do you want your name removed from our Provider Registry?	No 	<input type="text"/>







Question





Are you interested in working for other Home Help clients? (If you say no this will not affect your current work.)

If you are interested in working for other clients do you authorize us to put your contact information on our Provider Registry List so that you can be contacted for additional work?

Do you want your name removed from our Provider Registry?


View Page:  Page Count 

Viewing Page: 1

 First  Prev  Next  Last

Click Step 8: Submit Modification Request for Review


Click Next.



◀

My Inbox ▾

Provider ▾



Note Pad

Provider Portal > HIPAA Exempt Individual Modification

Provider ID: 4002964

Name: Hemmingway, Ernest

Close

Undo Update

View/Update Provider Data - HIPAA-Exempt Individual

Step	Required	Last Modification Date	Last Review Date	Status	Business Process
<input type="checkbox"/> Step 1: Provider Basic Information	Required	12/08/2014	12/08/2014	Complete	
<input type="checkbox"/> Step 2: Locations	Required	12/08/2014	12/08/2014	Complete	
<input type="checkbox"/> Step 3: Specialties	Required	12/08/2014	12/08/2014	Complete	
<input type="checkbox"/> Step 4: Mode of Claim Submission	Required	12/08/2014	12/08/2014	Complete	
<input type="checkbox"/> Step 5: Associate Billing Agent	Optional	12/08/2014	12/08/2014	Complete	
<input type="checkbox"/> Step 6: Provider Controlling Interest/Ownership Details	Required	12/08/2014	12/08/2014	Complete	
<input type="checkbox"/> Step 7: Complete Modification Checklist	Required	12/08/2014	12/08/2014	Incomplete	
<input type="checkbox"/> Step 8: Submit Modification Request for Review	Required	12/08/2014	12/08/2014	Complete	

View Page: 1

Go

Page Count

SaveToXLS

Viewing Page: 1

Provider ID: 4002964

Name: Hemmingway, Ernest

Close

Next

Provider ID: 4002964

Enrollment Type: HIPAA-Exempt Individual/Sole Proprietor

The Information submitted shall be verified and reviewed by the State.
During this time, any changes to the information shall not be accepted.

I agree that the information submitted as a part of the application is correct. (Private and Confidential)



Application Document Checklist

Forms/Documents	Special Instructions	Source
▲ ▼	▲ ▼	▲ ▼
No Records Found !		

Read the **Terms and Conditions (Enrollment Process)** statement.
Check the box at the bottom indicating you have read and agree to the terms.
Click **Submit for Modification**.
Click **OK** on the textbox that pops up.

Provider ID: 4002964

Name: Hemmingway, Ernest


 Close  Submit for Modification



Final Submission

Terms and Conditions (Enrollment Process)

1. As an individual provider of Home Help services, I agree that the Medicaid beneficiary is considered the employer. I am not employed by the Michigan Department of Community Health (MDCH), the Department of Human Services (DHS), or the State of Michigan.
2. As a Home Help provider agency, I agree that the agency contract is with the Medicaid beneficiary. The agency contract is not with the Michigan Department of Community Health (MDCH), the Department of Human Services or the State of Michigan.
3. I agree that personal care services will be provided for a Michigan Medicaid beneficiary, as authorized by the Michigan Department of Human Services (DHS) according to the DHS Adult Services Comprehensive Assessment.
4. Under Section 3504 of the Internal Revenue Code, I agree to accept the Michigan Department of Community (MDCH) as the acting agent of the beneficiary for the deduction of withholding of FICA taxes. I understand that federal, state and city taxes are not withheld. I further agree to accept payments issued by MDCH as payment in full and not to seek or accept additional payments from the beneficiary or any other source.
5. I agree to return any payments received for Home Help services not provided. I understand that accepting payment for services I did not provide is fraudulent and could result in criminal charges.
6. I understand that the Home Help program is funded by Medicaid and payments will not be approved by the Department if the beneficiary's Medicaid eligibility is inactive.
7. In order to receive payment, I agree to keep and submit to MDCH, DHS or their designee, any and all records necessary to disclose the extent of services provided to the beneficiary.
8. Upon request, I agree to provide MDCH, DHS or their designee, any information regarding services or purchases for which payment was made.
9. Upon request, I agree to provide MDCH, DHS or their designee, any business transaction information as specified by 42 CFR 455.105.
10. I understand I will be subject to a criminal history screening and may not qualify to be a home help provider.
11. I agree to cooperate with MDCH, DHS or their designee, regarding any audits, investigations or inquiries related to Home Help services provided.
12. I agree to report any changes relative to the beneficiary including but not limited to hospitalizations, nursing home stays or discontinuation of services.
13. I agree to comply with the privacy, security and confidentiality provisions of all applicable laws governing the use and disclosure of protected health information (PHI), including the privacy regulations adopted by the U.S. Department of Health and Human Services under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and Public Acts 104-191 (45 CFR parts 106 and 164, Subparts A, C, and E).
14. I agree to comply with the provisions of 42 CFR 431.107 and Act No. 280 of the Public Acts of 1939, as amended, which state the conditions and requirements under which participation in the Medical Assistance Program is allowed.

 ☐ By checking this, I acknowledge that I have read the terms and agreement and I agree to fully comply with all program requirements.

Message from webpage



The modification request has been submitted for State review. Return to CHAMPS to track the status of your request.

OK



Click **Close**.

You will be directed to your CHAMPS home page.

The screenshot shows the CHAMPS Provider Portal interface. At the top, there is a navigation bar with the CHAMPS logo, a back arrow, and tabs for 'My Inbox' and 'Provider'. Below this is a dark blue header with a user profile icon. The breadcrumb trail indicates the current location: 'Provider Portal > HIPAA Exempt Individual Modification'. The main content area displays 'Provider ID: 4002964' and 'Name: Hemmingv'. Below this, there are two buttons: 'Close' (with a star icon) and 'Undo Update'. A red arrow points to the 'Close' button. Below the buttons is a section titled 'View/Update Provider Data - HIPAA-Exempt Individual' with a table icon. This section contains a table with the following data:

Step	Required	Last Modification Date
<input type="checkbox"/> Step 1: Provider Basic Information	Required	12/08/2014
<input type="checkbox"/> Step 2: Locations	Required	12/08/2014
<input type="checkbox"/> Step 3: Specialties	Required	12/08/2014
<input type="checkbox"/> Step 4: Mode of Claim Submission	Required	12/08/2014
<input type="checkbox"/> Step 5: Associate Billing Agent	Optional	12/08/2014
<input type="checkbox"/> Step 6: Provider Controlling Interest/Ownership Details	Required	12/08/2014
<input type="checkbox"/> Step 7: Complete Modification Checklist	Required	12/08/2014
<input type="checkbox"/> Step 8: Submit Modification Request for Review	Required	12/08/2014

At the bottom of the table, there is a 'View Page: 1' field, a 'Go' button, a 'Page Count' button, and a 'SaveToXLS' button.